

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2016
NAME OF PROVIDER OR SUPPLIER LYNN'S HOME AT RIVERSIDE		STREET ADDRESS, CITY, STATE, ZIP CODE 5614 APALACHICULA CIRCLE RALEIGH, NC 27616		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Rick Benton DHSR Construction Section conducted a Biennial Survey on January 15, 2016 from 12:30pm to 2:00pm at the above referenced facility. DHSR records indicate the home was first licensed on 04/26/2012 as a Family Care Home for six (6) ambulatory Clients (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 2009 Edition of the North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1) During the survey of the laundry area, the following deficiency was observed: a) There was an open outlet on the right side wall next to the washer. Contact a qualified technician to make the necessary repairs and installations. Provide to	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 174	Continued From page 1 our office all supporting documents that will verify the completed work. 2) During the survey of the water heater closet, the following deficiency was observed: a) There were several penetrations on the upper and middle sections of the wall. Contact a qualified technician to make the necessary repairs and installations. Provide to our office all supporting documents that will verify the completed work.	C 174		